**Form 8 YCMC GAD 7 and PHQ-9 Screening**

# OVER THE LAST TWO WEEKS; HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS?

1. **Feeling nervous, anxious or on edge**

 Not at all-0  Several days-1  More than half the days-2

 Nearly every day-3

1. **Not being able to stop or control worrying**

 Not at all-0  Several days-1  More than half the days-2

 Nearly every day-3

1. **Worrying too much about different things**

 Not at all-0  Several days-1  More than half the days-2

 Nearly everyday-3

1. **Trouble relaxing**

 Not at all-0  Several days-1  More than half the days-2

 Nearly every day-3

1. **Being so restless it is hard to sit still**

 Not at all-0  Several days-1  More than half the days-2

 Nearly every day-3

1. **Becoming easily annoyed or irritable**

 Not at all-0  Several days-1  More than half the days-2

 Nearly every day-3

1. **Feeling afraid, as if something awful might happen**

 Not at all-0  Several days-1  More than half the days-2

 Nearly every day-3

# ADD THE SCORE FOR EACH COLUMN

**Not at all**

**Several days**

**Over half the days**

**Nearly every day**

**Total score (add your column scores0:**

# IF YOU CHECKED OFF ANY PROBLEMS, HOW DIFFICULT HAVE THESE MADE IT FOR YOU TO DO YOUR WORK, TAKE CARE OF THINGS AT HOME, OR GET ALONG WITH OTHER PEOPLE? (CHECK ONE)

**New Field16**

 Not difficult at all  Somewhat difficult  Very difficult

 Extremely difficult